

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213535670			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Eastern Shore Public Library Foundation</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CAROL H VINCENT 23610 FRONT STREET ACCOMAC, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: ACCOMACK COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 8/31/2013</p> <p>SCC ID NO: 07125016</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 23610 FRONT STREET P. O. BOX 554</p> <p style="text-align: center;">CITY/ST/ZIP: ACCOMAC, VA 23301</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JOHN EDMONDS IV TITLE: PRESIDENT ADDRESS: 10300 CHEROKEE ROAD CITY/ST/ZIP/CO: RICHMOND, VA 23235 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JOHN EDMONDS IV TITLE: PRESIDENT ADDRESS: 10300 CHEROKEE ROAD CITY/ST/ZIP/CO: RICHMOND, VA 23235	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANDRE ELLIOTT DIRECTOR P. O. BOX 372 MELFA, VA 23410	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KATHERINE F. HALL DIRECTOR P. O. BOX 94 PARKSLEY, VA 23421	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LAURA R LUCAS DIRECTOR 8 KERR STREET ONANCOCK, VA 23417	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEITH MILES DIRECTOR 24190 BREEZY POINT ROAD ONANCOCK, VA 23417	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RON S WOLFF DIRECTOR PO BOX 41 ATLANTIC, VA 23303	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ CAROL H VINCENT		CAROL H VINCENT, TREASURER	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			